K031249

JUL 21 2003

stryker
INSTRUMENTS

4100 East Milham Avenue
Kalamazoo, MI 49001
Phone (269) 323-7700
(800) 253-3210

Device Name:

Trade Name:	Stryker PainPump
Common Name:	Infusion Pump
Classification Name:	Pump, Infusion: 21 CFR 880.5725, Class II

Device Sponsor:

Manufacturer:	Stryker Instruments 4100 E. Milham Avenue Kalamazoo, MI 49001 Registration No.: 1811755

Regulatory Class: Class II

Summary of Safety and Effectiveness:

The Stryker PainPump delivers controlled amounts of medication directly to the intraoperative site for pain management and/or antibiotic administration. The pump infuses the medication at an hourly flow rate. Medications are infused through intramuscular or subcutaneous routes.

The Stryker PainPump is also intended for controlled delivery of local anesthetics in close proximity to nerves for postoperative regional anesthesia and pain management. Routes of administration may be intraoperative, perineural, or percutaneous.

The Stryker PainPump kit models are available in fill volumes from 120 to 270 cc and flow rates from 0.60 – 8.32 cc/hr. Each pump kit consists of a pump, introducer needle(s), infusion set(s) catheter(s), syringe(s), dressing(s), attachment strap, and accessories.

The Stryker PainPump infusion pump is equivalent in intended use, safety, and effectiveness to existing infusion pump systems being marketed by Stryker,I-Flow Corporation, and Sgarlato.

The Stryker PainPump catheters are equivalent in intended use, safety, and effectiveness to existing catheters being marketed by companies such as Styker, I-Flow and Sims Portex.

The Stryker PainPump does not raise any new safety and efficacy concerns when compared to similar devices already legally marketed. Therefore, the Stryker PainPump is substantially equivalent to these existing devices.

By: Nicole Petty
Nicole Petty
Regulatory Analyst

Dated: 7-15-03

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

JUL 2 1 2003

Ms. Nicole Petty
Regulatory Affairs Analyst
Stryker Instruments
4100 East Miiham Avenue
Kalamazoo, Michigan 49001

Re: K031249
Trade/Device Name: Stryker Painpump
Regulation Number: 880.5725
Regulation Name: Infusion Pump
Regulatory Class: FRN
Product Code: II
Dated: April 17, 2003
Received: April 18, 2003

Dear Ms. Petty

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

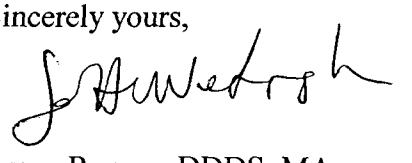
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4618. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,



for Susan Runner, DDDS, MA
Interim Director
Division of Anesthesiology, General Hospital
Infection Control and Dental Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

510(k) Number: K031249

Device Name: Stryker PainPump

Indications For Use:

The Stryker PainPump delivers controlled amounts of medication directly to the intraoperative site for pain management and/or antibiotic administration. The pump infuses the medication at an hourly flow rate. Medications are infused through intramuscular or subcutaneous routes.

The Stryker PainPump is also intended for controlled delivery of local anesthetics in close proximity to nerves for postoperative regional anesthesia and pain management. Routes of administration may be intraoperative, perineural, or percutaneous.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓ OR Over-The- Counter Use

(Per 21 CFR 801.109)

(Optional Format 1-2-96)

(Division Sign-Off)
Division of Anesthesiology, General Hospital,
Infection Control, Dental Devices

510(k) Number: K031249